CITY OF CHULA VISTA
Supervisor's Injury/ Illness Investigation Report
(Complete and submit to Department Payroll Clerk with Employee's Claim for Workers' Compensation Benefits-DWC 1)

Name of injured employee: _____ Date informed of employee's injury: _____

Supervisor's Name: _____ Dept/Position: _____

How were you made aware of employee's injury: _____

Date of employee's interview: _____ Witness(es) interviewed: _____

How long has employee performed this job? _____ Was the employee instructed? ☐ Yes ☐ No

Nature and extent of injury: _____

How did this injury/illness occur? _____

_____

_____

CONTRIBUTING FACTORS (mark all that apply): ***INCOMPLETE REPORTS WILL NOT BE ACCEPTED***

PROCEDURES	**HAZARDS**	**FACILITIES/EQUIP**
☐ None developed	☐ Created by man	☐ Faulty equipment
☐ Developed but not understood	☐ Created by external factors (weather)	☐ Poor design
☐ Developed but not trained	☐ Documented but not repaired	☐ Equipment not available
☐ Developed but not accurate	☐ Unidentified	☐ Equipment not used properly
☐ Developed but unable to follow	☐ Identified but accepted	☐ Corrosion or wear
☐ Inexperience in using	☐ Repaired but deficient repair	☐ Ergonomic Factors
☐ _____	☐ Conditions changed without	☐ _____
COMMUNICATION	**IN A HURRY**	**OTHER FACTORS**
☐ Insufficient planning	☐ Insufficient planning	☐ Weather or Temperature
☐ Breakdown in communication between workers	☐ Employee perceived need	☐ Working long hours
☐ " " workers and supervisor	☐ Friendly competition	☐ Physical overexertion
☐ " " between work teams	☐ Due to external factors	☐ Personal protective equipment
☐ Confusion after communication	☐ Workload too heavy	☐ Improper body position
☐ Improper/lack of communication	☐ Lack of teamwork	☐ End of shift
PUBLIC SAFETY ONLY	☐ Taking shortcuts	☐ New job duties
☐ Due to high risk nature of activity (explain): _____	**TRAINING**	☐ Not at optimal health (i.e. cold)
	☐ Insufficient training	☐ Exposure (i.e. TB or blood)
	☐ Not addressed in training	☐ _____
	☐ Tool used incorrectly	☐ _____

MAJOR CAUSE OF INJURY/ ILLNESS (choose one):
☐ **PROCEDURES** ☐ **HAZARDS** ☐ **TRAINING** ☐ **OTHER:**
☐ **COMMUNICATION** ☐ **IN A HURRY** ☐ **FACILITIES/ EQUIP** _____

Preventative recommendations <u>AND</u> corrective actions: _____

_____

_____

_____

Signed: _____ Date: _____

SAFETY COMMITTEE COMMENTS

Why did this happen? _____

WHY? _____ WHY? _____

WHY? _____ WHY? _____

NOTE: Look for patterns and/or connections (i.e. time of day & fatigue)

Corrective steps if indicated: _____

_____

Corrective steps for sub-causes: _____